V. S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

58

State File No.

Registration District No. 218 Primary Registration District No. 1202 Registrar's No. 570

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
DePaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 7236 West Park Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Rosa Boening

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife August R. Boening

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May 16, 1875 (Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 0 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation At home

11. Industry or business Housewife

FATHER
12. Name Wm. Thiele
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Wilhelmenia Borchert
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Edward W. Boening
(b) Address Bellefontaine Rd. St. Louis Co.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/20/43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) JAN 20 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1943 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from July, 1942 to Jan. 16, 1943; that I last saw her alive on Jan. 16, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block — Duration
Stokes Adams Syndrome 1 week
Due to Cardio Vascular Disease.
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury

23. Signature Thomas Greene M. D.
Address Lister Bldg. Date signed 1/18/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1994

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.